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|---|----------------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/622,322             |              |
|   | Filing Date          | July 17, 2003          |              |
|   | First Named Inventor | Jill Kirsten MACALPINE |              |
|   | Art Unit             | 1624                   |              |
|   | Examiner Name        | K. Habte               |              |
| Total Number of Pages in This Submission  | 6                    | Attorney Docket Number | 273012011202 |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (2 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer (1 page)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return postcard |
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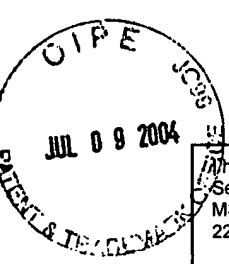
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | MORRISON & FOERSTER LLP<br>Emily C. Tongco - 46,473 |
| Signature                                  |   |
| Date                                       | July 7, 2004  |

|  |                               |
|--|-------------------------------|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |                               |
| Dated: July 7, 2004  | Signature:  (Brenda Campbell) |



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| FEE TRANSMITTAL<br>for FY 2004<br><small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>   |               | Complete if Known  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
|--|---------------|--|--------------------------|-----------------|----------|---------------|---------------|--|--|----------|----------|------------------------|--|----------|----------|-----------------------------------|--|----------|----------|---------------------------------------|--|----------|----------|--|--|----------|---------|--|--|--------------|--|------|------|--|--|--|
|  |               | Application Number   | 10/622,322               |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |               | Filing Date  | July 17, 2003            |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
|  |               | First Named Inventor                                       | Jill Kirsten MACALPINE   |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
|  |               | Examiner Name  | K. Habte                 |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |               | 55.00  | Art Unit                 | 1624            |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
|  |               | Attorney Docket No.  | 273012011202             |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |               | FEE CALCULATION (continued)                                |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |               | 3. ADDITIONAL FEES   |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 03-1952<br>Deposit Account Name: Morrison & Foerster LLP   |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| The Director is authorized to: (check all that apply)  |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments  |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)   |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| FEE CALCULATION  |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1. BASIC FILING FEE  |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr><tr><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th></th><th></th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>   |               | Large Entity   | Small Entity             | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) |  |  | 1001 770 | 2001 385 | Utility filing fee     |  | 1002 340 | 2002 170 | Design filing fee                 |  | 1003 530 | 2003 265 | Plant filing fee                      |  | 1004 770 | 2004 385 | Reissue filing fee                                 |  | 1005 160 | 2005 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  | (\$) | 0.00 |  |  |  |
| Large Entity   | Small Entity  | Fee Description  | Fee Paid                 |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| Fee Code (\$)  | Fee Code (\$) |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1001 770   | 2001 385      | Utility filing fee   |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1002 340   | 2002 170      | Design filing fee  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1003 530   | 2003 265      | Plant filing fee   |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1004 770   | 2004 385      | Reissue filing fee   |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1005 160   | 2005 80       | Provisional filing fee                                     |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| SUBTOTAL (1)   |               | (\$)   | 0.00                     |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |               |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
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| Large Entity   | Small Entity  | Fee Description  | Fee Paid                 |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| Fee Code (\$)  | Fee Code (\$) |  |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1202 18  | 2202 9        | Claims in excess of 20                                     |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1201 86  | 2201 43       | Independent claims in excess of 3                          |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1203 290   | 2203 145      | Multiple dependent claim, if not paid                      |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1204 86  | 2204 43       | ** Reissue independent claims over original patent         |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| 1205 18  | 2205 9        | ** Reissue claims in excess of 20 and over original patent |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| SUBTOTAL (2)   |               | (\$)   | 0.00                     |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| SUBTOTAL (3)   |               | (\$)   | 55.00                    |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| SUBMITTED BY   |               | (Complete if applicable)                                   |                          |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| Name (Print/Type) Emily C. Tongco  |               | Registration No. (Attorney/Agent) 46,473                   | Telephone (858) 314-5413 |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |
| Signature  |               | Date   | July 7, 2004             |                 |          |               |               |  |  |          |          |                        |  |          |          |                                   |  |          |          |                                       |  |          |          |  |  |          |         |  |  |              |  |      |      |  |  |  |



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Dated: July 7, 2004

Signature:

*Brenda Campbell*  
(Brenda Campbell)

Docket No.: 273012011202  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jill Kirsten MACALPINE et al.

Application No.: 10/622,322

Art Unit: 1624

Filed: July 17, 2003

Examiner: K. Habte

For: 1,3-DIPOLAR CYCLOADDITIONS TO  
POLYPYRROLIC MACROCYCLES

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This is in response to the non-final Office Action dated April 7, 2004, for which a response is due on July 7, 2004. Accordingly, this response is timely filed. Reconsideration and allowance of the pending claims, as amended, in light of the remarks presented herein are respectfully requested.

**Remarks/Arguments** begin on page 2 of this paper.